



30th January 2020

Dear Scrutiny Panel,

Les Amis Limited Response to Scrutiny Panel Review of Jersey Care Model

Thank you for inviting our views on the new care model proposed to be rolled out and implemented in the coming years. We would like to note we are 100% supportive of the developments the government are aiming to achieve, for the betterment of Islanders in general. We have studied the documents provided and would like to stress that what we have noted is not a criticism of the model, or what it aims to achieve, but purely an observation of the key aspects regarding people with learning disabilities ('LD') and associated conditions and how they are represented and considered within the proposed care model.

We note the lack of recognition or mention of LD throughout the documents provided, but we are encouraged by the statement 'no health without mental health'. In respect to the Partnership of Purpose, could you confirm what LD representation is in place to ensure a community of almost 2,000 will have been considered in the planning process?

A fundamental part we have noted in both the Jersey Care Model Briefing Paper and the Commissioning Framework is the clear emphasis on developing community services. Our first concern is that there has been little investment in community services in the past few years and we perceive this model to be similar to the previous P82 approach. This makes us question when will we see concrete evidence of true investment in community services and what financial support will be given to enable a robust foundation for future development to be built on.

We assume that principles of equality will mean that the model of nursing staff providing care in peoples' homes can be provided to those with LD who currently are not allowed to be treated by nurses in their own home but are forced to a clinical environment, but would welcome confirmation of this.

Our second concern is that the model indicates a very labour intensive workforce to achieve it. We face a future of too much work with too few workers. By 2030, the world will be short of approximately 18 million health workers – a fifth of the required workforce needed to keep healthcare systems going. Workforce challenges are already leading to mounting pressure across care services. This will evidently have an impact locally. The supply of staff has not kept pace with demand, and there are worrying shortages in key staff groups, like primary care physicians, community nursing, social workers and health visitors. The low profile of services also makes recruitment and retention harder. For many healthcare systems, an engaged and valued workforce can reduce variation and deliver real productivity that lasts.

There needs to be a significant focus on the workforce, specifically in relation to professionals - Nurses, Social Workers, Allied Health Professionals, etc. as well as those who provide the bulk of the work, care assistants and Health Care Assistant's. There needs to be an emphasis on training and education with investment in staff to give existing and new staff flexibility and adaptability.

If we further consider the client group we support, we note that they lack sustainable community housing which raises further issues which we believe require a key strategy in place for housing and migration.

Finally our last but main observation is that the new care model has a clinical bias, and refers to being a clinical model in the documents supplied. Our concern is similar to that which we expressed to the Health and Social Security Scrutiny Panel in relation to the Long Term Care ('LTC') scheme on the 24th July 2017 - one model does not fit all. Care for those of our Island community with life time disabilities requires more holistic models in terms of care delivered and funding. Unfortunately there are some points raised in relation to the LTC scheme which we feel still remain valid and unresolved.

We agree whole heartedly with the personalised approach described in the documents but are apprehensive as to how realistic this will be; our experience with 'assessment' of care needs for LTC funding purposes has been that it is very cost driven and not personal values driven. We really hope a balance can be found and our service users have prompt and fuller assessment of their needs, noting they are unfortunately more changeable than that of the general public.

We would like an acknowledgment that providing shared living spaces and facilitating social participation have care benefits for the people we support, not only in alleviating isolation, and play a very different but equally important role to clinical care.

From the inception of the LTC scheme Les Amis clients have found themselves in a "square peg, round hole " scenario in terms of funding for the care in the community model which Les Amis provides. If this was to happen again within the proposed delivery of care model, it would devalue any recognition of the vulnerable people we support and have been able to achieve in caring for them.

We are concerned that a whole care model has been designed without sufficient engagement with the LD community and providers of services to those with learning disabilities and associated conditions, without this engagement there is a risk that energy and resource will be directed disproportionately and not reach all those who require them.

We are happy to meet with the panel and elaborate further on any of the above points; equally if you have any further questions in respect to the comments supplied please do not hesitate to contact us.

Yours sincerely,

Shaun Findlay

Managing Director On Behalf Of The Board and Senior Management Team

Les Amis Limited

